

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Community Pharmacists Association - PAC

ADDRESS (number and street) ▼

100 Daingerfield Road

☐ Check if different than previously reported. (ACC)

Alexandria

VA

22314-2885

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00030809

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☐ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

- ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10

16

2014

through

M M M / D D D / Y Y Y Y Y Y

11

24

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Karry LaViolette

Signature of Treasurer

Ms. Karry LaViolette

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

12

03

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 16 / 2014 To: M M / D D / Y Y Y Y Y 11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		439934.95
(b) Cash on Hand at Beginning of Reporting Period.....	187167.98	
(c) Total Receipts (from Line 19)	68244.24	389140.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	255412.22	829075.08
7. Total Disbursements (from Line 31)	18824.56	592487.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	236587.66	236587.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Community Pharmacists Association - PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	4		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	62619.24	317039.13
(ii) Unitemized	3500.00	69976.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	66119.24	387015.13
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	66119.24	387015.13
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2125.00	2125.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	68244.24	389140.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	68244.24	389140.13

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	824.56	10437.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	824.56	10437.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18000.00	582000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	50.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	50.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18824.56	592487.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18824.56	592487.42

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	66119.24	387015.13
34. Total Contribution Refunds (from Line 28(d))	0.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	66119.24	386965.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	824.56	10437.42
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	824.56	10437.42

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Greg Adams

Mailing Address 815 Frisco Ave

City State Zip Code
 Clinton OK 73601-3322

FEC ID number of contributing federal political committee.

C

Name of Employer

Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-52

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Greg Adams

Mailing Address 815 Frisco Ave

City State Zip Code
 Clinton OK 73601-3322

FEC ID number of contributing federal political committee.

C

Name of Employer

Salisbury Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-32

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. Julian Ray Adams Jr.

Mailing Address 922 Ohio Ave

City State Zip Code
 Lynn Haven FL 32444-2354

FEC ID number of contributing federal political committee.

C

Name of Employer

Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-53

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Julian Ray Adams Jr.

Mailing Address 922 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-33

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Aimee Aday

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-54

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Aimee Aday

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-34

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kenneth W. Aday Jr.

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-55

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kenneth W. Aday Jr.

Mailing Address 2800 Highway 101

City

Rogersville

State

AL

Zip Code

35652

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crossroads Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2014

Transaction ID : 2014120215817-35

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Colleen A. Agan

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		30		2014

Transaction ID : 201411095315-1

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

121.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Colleen A. Agan

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 2014120215817-1

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. Stephen C. Albert

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 2014111095315-2

Amount of Each Receipt this Period

42.00

Full Name (Last, First, Middle Initial)

c. Stephen C. Albert

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

882.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 2014120215817-3

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Carl Allison

Mailing Address 780 SE Baya Dr

City

State

Zip Code

Lake City

FL

32025-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Baya Pharmacy

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-57

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Carl Allison

Mailing Address 780 SE Baya Dr

City

State

Zip Code

Lake City

FL

32025-5403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Baya Pharmacy

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-37

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Stephen J. Amato

Mailing Address 938 Patricia Ave

City

State

Zip Code

Dunedin

FL

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medicine Shoppe

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-58

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 182

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Stephen J. Amato

Mailing Address 938 Patricia Ave

City

Dunedin

State

FL

Zip Code

34698-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-38

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert M. Amity Sr.

Mailing Address 1111 Scalp Ave

City

Johnstown

State

PA

Zip Code

15904-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Hills Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-59

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert M. Amity Sr.

Mailing Address 1111 Scalp Ave

City

Johnstown

State

PA

Zip Code

15904-3036

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Hills Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-39

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-60

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Calvin J. Anthony

Mailing Address 1002 S Redlands Rd

City

Stillwater

State

OK

Zip Code

74074-1069

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tiger Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-40

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Bradley J. Arthur

Mailing Address 431 Tonawanda St

City

Buffalo

State

NY

Zip Code

14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-61

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bradley J. Arthur

Mailing Address 431 Tonawanda St

City
Buffalo

State
NY

Zip Code
14207-2625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Black Rock Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-41

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert V. Atkins

Mailing Address 424 E St

City
Fairbury

State
NE

Zip Code
68352-2535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Globe Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-26

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Timothy E. Baker

Mailing Address 53 Narragansett Ave

City
Jamestown

State
RI

Zip Code
02835-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baker's Pharmacy of Jamestown

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-63

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

540.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Timothy E. Baker

Mailing Address 53 Narragansett Ave

City

Jamestown

State

RI

Zip Code

02835-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baker's Pharmacy of Jamestown

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-43

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Steve K. Balas

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-64

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Steve K. Balas

Mailing Address 702 S McCarty Ave

City

Eagle Lake

State

TX

Zip Code

77434-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eagle Lake Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-44

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

375.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ralph W. Balchin

Mailing Address 575 Glynn St N

City

Fayetteville

State

GA

Zip Code

30214-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jones Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-65

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ralph W. Balchin

Mailing Address 575 Glynn St N

City

Fayetteville

State

GA

Zip Code

30214-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jones Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-45

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert J. Bazemore

Mailing Address PO Box 546

/ 10 N Poplar St

City

Butler

State

GA

Zip Code

31006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smiths Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-67

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Robert J. Bazemore

Mailing Address PO Box 546

/ 10 N Poplar St

City

Butler

State

GA

Zip Code

31006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smiths Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-46

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James M. Beatty

Mailing Address 745 Ross Ln

City

Bound Brook

State

NJ

Zip Code

08805-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

Buy-Sell A Pharmacy.Com

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-47

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Michele M. Belcher

Mailing Address 414 SW 6th St

City

Grants Pass

State

OR

Zip Code

97526-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grants Pass Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-69

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael R. Bellesine

Mailing Address 205 N Vine St

City

El Dorado

State

KS

Zip Code

67042-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Dorado Truecare Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-70

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael R. Bellesine

Mailing Address 205 N Vine St

City

El Dorado

State

KS

Zip Code

67042-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

El Dorado Truecare Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-49

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Byron Berry Jr.

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-71

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Byron Berry Jr.

Mailing Address 508 N Main St

City

Carrollton

State

IL

Zip Code

62016-1027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacy Plus, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-50

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Patrick Berryman

Mailing Address 107 S West St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Assc

Occupation

Executive Vice President, Management C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 2014111095315-3

Amount of Each Receipt this Period

83.00

Full Name (Last, First, Middle Initial)

C. Patrick Berryman

Mailing Address 107 S West St

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Assc

Occupation

Executive Vice President, Management C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1494.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 2014120215817-5

Amount of Each Receipt this Period

83.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

266.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Lance Bien

Mailing Address 222 S Main St

City

Milbank

State

SD

Zip Code

57252-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bien Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-73

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lance Bien

Mailing Address 222 S Main St

City

Milbank

State

SD

Zip Code

57252-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bien Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-52

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Theodore E. Billinger Jr.

Mailing Address PO Box 5

City

Cheyenne Wells

State

CO

Zip Code

80810

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wells Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 201411095315-7

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

465.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Paul Bivens

Mailing Address PO Box 927

619 W 2nd

City

Clarendon

State

TX

Zip Code

79226-0927

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clarendon Outpost Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-53

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jay Blackburn

Mailing Address 170 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589

FEC ID number of contributing
federal political committee.

C

Name of Employer

CPA

Occupation

VP Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-43

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Jay Blackburn

Mailing Address 170 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589

FEC ID number of contributing
federal political committee.

C

Name of Employer

CPA

Occupation

VP Operations

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-22

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diamondback Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-74

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael R. Blaire

Mailing Address 10921 N 140th Way

City

Scottsdale

State

AZ

Zip Code

85259-4615

FEC ID number of contributing
federal political committee.

C

Name of Employer

Diamondback Drugs

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-54

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duvall Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-75

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michelle D. Blanton

Mailing Address 1616 E Main St

City

Humboldt

State

TN

Zip Code

38343-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Duvall Drugs Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-55

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Bonnie Lee Bobbs-Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-76

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bonnie Lee Bobbs-Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yorkville Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-56

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-77

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Frederick J. Bonchosky

Mailing Address 1238 National Pike

City

Hopwood

State

PA

Zip Code

15445-0090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rx Plus Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-58

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ralph Bouvette

Mailing Address 102 Enterprise Dr

City

Frankfort

State

KY

Zip Code

40601-8585

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Pharmacy Services Corporation

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-27

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sam Boyajian

Mailing Address 131 E Main St

City State Zip Code
 Gardner KS 66030

FEC ID number of contributing federal political committee.

C

Name of Employer

Gardner Healthmart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-79

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sam Boyajian

Mailing Address 131 E Main St

City State Zip Code
 Gardner KS 66030

FEC ID number of contributing federal political committee.

C

Name of Employer

Gardner Healthmart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-60

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Vyke L. Breen

Mailing Address 1207 Pacific Ave

City State Zip Code
 Benson MN 56215-1838

FEC ID number of contributing federal political committee.

C

Name of Employer

Breen'S Thrifty White Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 19 2014

Transaction ID : 2014120215817-19

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joe Brennan

Mailing Address PO Box 24389

50 Jet View Dr /

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-44

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Joe Brennan

Mailing Address PO Box 24389

50 Jet View Dr /

City

Rochester

State

NY

Zip Code

14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-23

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Richard P. Brisson

Mailing Address 132 Alden Rd

City

Fairhaven

State

MA

Zip Code

2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

PharmaHealth Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-80

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Richard P. Brisson

Mailing Address 132 Alden Rd

City

Fairhaven

State

MA

Zip Code

2719

FEC ID number of contributing
federal political committee.

C

Name of Employer

PharmaHealth Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-61

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mel Brodsky

Mailing Address 2200 Michener St
Ste 10

City

Philadelphia

State

PA

Zip Code

19115-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keystone Pharmacy Purchasing Alliance

Occupation

President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-81

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Mel Brodsky

Mailing Address 2200 Michener St
Ste 10

City

Philadelphia

State

PA

Zip Code

19115-4374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Keystone Pharmacy Purchasing Alliance

Occupation

President and CEO

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-62

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sally M. Brooks-Higginbotham

Mailing Address PO Box 414

City

Lakeville

State

NY

Zip Code

14480-0414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Livonia Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-82

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Anthony T. Budde Sr.

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 201411095315-83

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Anthony T. Budde Sr.

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-83

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

450.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Anthony T. Budde Sr.

Mailing Address 76 Memorial Ct

City

Highland

State

IL

Zip Code

62249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-63

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jerry CallahanMailing Address 106 Broadway St
Ste A

City

Elsberry

State

MO

Zip Code

63343-1345

FEC ID number of contributing
federal political committee.

C

Name of Employer

Elsberry Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-65

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Jeff J. CarsonMailing Address 7220 Louis Pasteur Dr
Ste 176

City

San Antonio

State

TX

Zip Code

78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-85

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Jeff J. Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-66

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. John R. Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-86

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. John R. Carson

Mailing Address 7220 Louis Pasteur Dr
Ste 176

City State Zip Code
San Antonio TX 78229-4535

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakdell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-67

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. David Carter

Mailing Address PO Box 308

City

Chetopa

State

KS

Zip Code

67336-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riggs Drugs Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-87

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Carter

Mailing Address PO Box 308

City

Chetopa

State

KS

Zip Code

67336-0308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riggs Drugs Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-68

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Brian D. Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-88

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Brian D. Caswell

Mailing Address 2303 Military Ave

City

Baxter Springs

State

KS

Zip Code

66713-2324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wolkar Drug Inc

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1850.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-69

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Charles R. Catalano

Mailing Address 103 Ardmore Ave

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

C+ S Pharmacy Consultants

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-89

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Charles R. Catalano

Mailing Address 103 Ardmore Ave

City

Melville

State

NY

Zip Code

11747

FEC ID number of contributing
federal political committee.

C

Name of Employer

C+ S Pharmacy Consultants

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-70

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Hugh M. Chancy

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-90

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Hugh M. Chancy

Mailing Address 205 E Main St

City

Hahira

State

GA

Zip Code

31632-1121

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chancy Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-71

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Keith E. Chapman

Mailing Address 23 Lee St

City

Jefferson

State

GA

Zip Code

30549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-91

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Keith E. Chapman

Mailing Address 23 Lee St

City State Zip Code
 Jefferson GA 30549

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jefferson Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-72

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Rick Chester

Mailing Address 205 N Pacific Hwy

City State Zip Code
 Talent OR 97540-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicap Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-92

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rick Chester

Mailing Address 205 N Pacific Hwy

City State Zip Code
 Talent OR 97540-9637

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicap Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-73

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Barry Christensen

Mailing Address 3526 Tongass Ave

City

Ketchikan

State

AK

Zip Code

99901-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-93

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Barry Christensen

Mailing Address 3526 Tongass Ave

City

Ketchikan

State

AK

Zip Code

99901-5635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-74

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ellen M. Church

Mailing Address 7036 Misty Meadow Dr S

City

Fort Worth

State

TX

Zip Code

76133-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer

OmniCare of Fort Worth

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2014

Transaction ID : 201411095315-9

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. David J. Cippel

Mailing Address PO Box 151

City

Ford City

State

PA

Zip Code

16226-0151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Klingensmith's Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-94

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David J. Cippel

Mailing Address PO Box 151

City

Ford City

State

PA

Zip Code

16226-0151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Klingensmith's Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-75

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Johnny Hoyt Cleveland

Mailing Address PO Box 52

City

Locust Fork

State

AL

Zip Code

35097-0052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Locust Fork Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-95

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Johnny Hoyt Cleveland

Mailing Address PO Box 52

City

Locust Fork

State

AL

Zip Code

35097-0052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Locust Fork Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-76

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Ernest Nicholas Coccia

Mailing Address 800 W Moyamensing Ave

City

Philadelphia

State

PA

Zip Code

19148-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-96

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ernest Nicholas Coccia

Mailing Address 800 W Moyamensing Ave

City

Philadelphia

State

PA

Zip Code

19148-3213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Center Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-78

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Alan B. Cohen

Mailing Address 524 BRdway

City

Monticello

State

NY

Zip Code

12701-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Family Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-97

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Alan B. Cohen

Mailing Address 524 BRdway

City

Monticello

State

NY

Zip Code

12701-1154

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Family Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-79

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Royce G. Cook Jr.

Mailing Address 1050 Junction Hwy

City

Kerrville

State

TX

Zip Code

78028-4902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kerrville Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-98

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Steve Coomes

Mailing Address 701 S Highway 377

City State Zip Code
 Aubrey TX 76227

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-99

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steve Coomes

Mailing Address 701 S Highway 377

City State Zip Code
 Aubrey TX 76227

FEC ID number of contributing federal political committee.

C

Name of Employer

Community Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-80

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Thomas Cory

Mailing Address 389 Stafford Rd

City State Zip Code
 Fall River MA 02721-2556

FEC ID number of contributing federal political committee.

C

Name of Employer

Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-100

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Thomas Cory

Mailing Address 389 Stafford Rd

City
Fall RiverState
MAZip Code
02721-2556FEC ID number of contributing
federal political committee.

C

Name of Employer

Standard Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-81

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Charles D. CottrellMailing Address 1121 Belleville Ave
Ste A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-101

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

c. Charles D. CottrellMailing Address 1121 Belleville Ave
Ste A

City

Brewton

State

AL

Zip Code

36426-1505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-82

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

933.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Lee Ann Cox

Mailing Address 1823 W Gore Blvd

City

Lawton

State

OK

Zip Code

73507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawton Heritage Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-103

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lee Ann Cox

Mailing Address 1823 W Gore Blvd

City

Lawton

State

OK

Zip Code

73507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lawton Heritage Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-84

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. David R. Creecy

Mailing Address 498 Wythe Creek Rd

City

Poquoson

State

VA

Zip Code

23662-1936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Poquoson Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-104

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John Crumly

Mailing Address 45 NE 52nd St

City State Zip Code
 Oklahoma City OK 73105

FEC ID number of contributing federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma

Occupation

Executive Vice President, Clinical Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-105

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Crumly

Mailing Address 45 NE 52nd St

City State Zip Code
 Oklahoma City OK 73105

FEC ID number of contributing federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma

Occupation

Executive Vice President, Clinical Ser

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-85

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. James T. Davis Jr.

Mailing Address 111 S Main St

City State Zip Code
 Columbiana AL 35051

FEC ID number of contributing federal political committee.

C

Name of Employer

Davis Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-106

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. James T. Davis Jr.

Mailing Address 111 S Main St

City
Columbiana

State Zip Code
AL 35051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Davis Drug Company

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-86

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Norman W. Davis

Mailing Address 1623 21st Ct

City
Phenix City

State Zip Code
AL 36867-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-107

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Norman W. Davis

Mailing Address 1623 21st Ct

City
Phenix City

State Zip Code
AL 36867-3727

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medical Park Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-87

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Standard Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-108

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John N. Debalko

Mailing Address 322 S Hancock St

City

McAdoo

State

PA

Zip Code

18237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Standard Drug Store

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-88

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrow Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-109

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Angelo DeFazio

Mailing Address 500 Farmington Ave

City

Hartford

State

CT

Zip Code

06105-3106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arrow Prescription Center

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-89

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert M. Defee

Mailing Address PO Box 900

City

Mc Bee

State

SC

Zip Code

29101-0900

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sandhills Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-110

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Johnette DeLeon

Mailing Address PO Box 1139

City

Taylor

State

TX

Zip Code

76574-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pfennigs Prescription Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-111

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Carmen A. Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-112

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Carmen A. Dicello

Mailing Address 1819 Mahantongo St

City

Pottsville

State

PA

Zip Code

17901-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Towne Drugs, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-90

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Matthew DiLoreto

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 201411095315-4

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

221.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Matthew DiLoreto

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 2014120215817-7

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. John F. DiMaggio

Mailing Address 5208 Veterans Memorial Blvd

City State Zip Code
 Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patio Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-113

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John F. DiMaggio

Mailing Address 5208 Veterans Memorial Blvd

City State Zip Code
 Metairie LA 70006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patio Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-91

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

121.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John A. Dinkelaker

Mailing Address 7717 Beechmont Ave

City State Zip Code
Cincinnati OH 45255

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tri State Compounding Pharmacy

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : 201411095315-10

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tim A. Dittenhoefer

Mailing Address 269 Mansion St

City State Zip Code
Poughkeepsie NY 12601-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Street Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-114

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Tim A. Dittenhoefer

Mailing Address 269 Mansion St

City State Zip Code
Poughkeepsie NY 12601-2699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Smith Street Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-92

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Al Dixon Jr.

Mailing Address PO Box 1060

City State Zip Code
Richmond Hill GA 31324-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richmond Hill Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-115

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Al Dixon Jr.

Mailing Address PO Box 1060

City State Zip Code
Richmond Hill GA 31324-1060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richmond Hill Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-93

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Larry Doud

Mailing Address PO Box 24389

City State Zip Code
Rochester NY 14624-0389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Drug Cooperative, Inc.

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-45

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Larry Doud

Mailing Address PO Box 24389

City
RochesterState
NYZip Code
14624-0389FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-24

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Laurence F. Doud IV

Mailing Address PO Box 24389

City
RochesterState
NYZip Code
14624-0389FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : 2014111095315-5

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Laurence F. Doud IV

Mailing Address PO Box 24389

City
RochesterState
NYZip Code
14624-0389FEC ID number of contributing
federal political committee.

C

Name of Employer

Rochester Drug Cooperative, Inc.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-25

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

1125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. James E. Dunaway

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-116

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James E. Dunaway

Mailing Address 110 3rd St

City

Henderson

State

KY

Zip Code

42420-2993

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dunaways Imperial Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-94

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Henry James Dunklau IV

Mailing Address 300 20th Ave N
Ste 105

City

Nashville

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midtown Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-95

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Tom Engel

Mailing Address 1536 N 115th St
Ste 100

City State Zip Code
Seattle WA 98133-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Prescription And Medical Sup

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-119

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tom Engel

Mailing Address 1536 N 115th St
Ste 100

City State Zip Code
Seattle WA 98133-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Prescription And Medical Sup

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-97

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Randy Epley

Mailing Address 208 Avery Ave

City State Zip Code
Morganton NC 28655-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jones Health Mart Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-120

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Randy Epley

Mailing Address 208 Avery Ave

City

Morganton

State

NC

Zip Code

28655-3103

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jones Health Mart Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-98

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James Ettare II

Mailing Address PO Box 1005

City

Rustburg

State

VA

Zip Code

24588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rustburg Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-121

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James Ettare II

Mailing Address PO Box 1005

City

Rustburg

State

VA

Zip Code

24588

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rustburg Family Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-99

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michelle E. Farrell

Mailing Address 1028 Wisconsin Ave

City

Boscobel

State

WI

Zip Code

53805-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boscobel Pharmacy

Occupation

Manager

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-122

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michelle E. Farrell

Mailing Address 1028 Wisconsin Ave

City

Boscobel

State

WI

Zip Code

53805-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Boscobel Pharmacy

Occupation

Manager

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-100

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-123

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Garland Bruce Faulkenberg

Mailing Address 400 Main St

City

Rockport

State

IN

Zip Code

47635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockport Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-101

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Fishman

Mailing Address 4401 Sheridan St

City

Hollywood

State

FL

Zip Code

33021-3513

FEC ID number of contributing
federal political committee.

C

Name of Employer

Post Haste Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 19 / 2014

Transaction ID : 2014120215817-11

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert B. Frankil

Mailing Address 21 Miner Cir

City

Collegeville

State

PA

Zip Code

19426

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sellersville Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-103

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ira N. Freeman

Mailing Address 12660 Riverside Dr
Ste 100

City State Zip Code
Valley Village CA 91607-3430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Key Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-104

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Clive Fuller

Mailing Address 105 N Bascom Ave
Ste 101

City State Zip Code
San Jose CA 95128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bascom Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-30

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. William R. Futrell Jr.

Mailing Address PO Box 768

City State Zip Code
Jackson NC 27845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-126

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. William R. Futrell Jr.

Mailing Address PO Box 768

City

Jackson

State

NC

Zip Code

27845

FEC ID number of contributing
federal political committee.

C

Name of Employer

Futrell Pharmacy Services

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-106

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Leon Galehouse III

Mailing Address 1015 S Hackett Rd
Ste 300

City

Waterloo

State

IA

Zip Code

50701-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amicare Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-127

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Leon Galehouse III

Mailing Address 1015 S Hackett Rd
Ste 300

City

Waterloo

State

IA

Zip Code

50701-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amicare Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-107

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Maureen Gallagher

Mailing Address 3201 S Austin Ave
Ste 110

City State Zip Code
Georgetown TX 78626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gallaghers Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-128

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Maureen Gallagher

Mailing Address 3201 S Austin Ave
Ste 110

City State Zip Code
Georgetown TX 78626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gallaghers Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-108

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Rick Gallaher

Mailing Address 804 Ridgeway Ave

City State Zip Code
Signal Mountain TN 37377-3065

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-129

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Rick Gallaher

Mailing Address 804 Ridgeway Ave

City State Zip Code
 Signal Mountain TN 37377-3065

FEC ID number of contributing federal political committee.

C

Name of Employer

Signal Mountain Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-109

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Cheryl L. GarvinMailing Address 36 Catoctin Cir SE
Ste C

City State Zip Code
 Leesburg VA 20175-3612

FEC ID number of contributing federal political committee.

C

Name of Employer

The Compounding Center

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-130

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Cheryl L. GarvinMailing Address 36 Catoctin Cir SE
Ste C

City State Zip Code
 Leesburg VA 20175-3612

FEC ID number of contributing federal political committee.

C

Name of Employer

The Compounding Center

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-110

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John P. Gatto

Mailing Address 1135 State Route 17C

City State Zip Code
Owego NY 13827-4823

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Owego Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-111

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Lorri Gebo-Shaver

Mailing Address 235 S 4th Ave

City State Zip Code
Pocatello ID 83201-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shaver Pharmacy & Compounding Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-132

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lorri Gebo-Shaver

Mailing Address 235 S 4th Ave

City State Zip Code
Pocatello ID 83201-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shaver Pharmacy & Compounding Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-112

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Russell A. Gellis

Mailing Address 2201 BRdway At 78th St

City
New York

State Zip Code
NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apthorp Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-133

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Russell A. Gellis

Mailing Address 2201 BRdway At 78th St

City
New York

State Zip Code
NY 10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apthorp Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-113

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kerry W. Gerdes

Mailing Address 245 Main St

City
Conneaut

State Zip Code
OH 44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-134

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kerry W. Gerdes

Mailing Address 245 Main St

City

Conneaut

State

OH

Zip Code

44030-2653

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gerdes Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-114

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middleport Family Health Center

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-135

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

C. Stephen L. Giroux

Mailing Address PO Box 188

City

Middleport

State

NY

Zip Code

14105-0188

FEC ID number of contributing
federal political committee.

C

Name of Employer

Middleport Family Health Center

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-115

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

883.32

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kevin C. Glick

Mailing Address 4491 Kolopa St

A

City

State

Zip Code

Lihue

HI

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lihue Pharmacy Group

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-136

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kevin C. Glick

Mailing Address 4491 Kolopa St

A

City

State

Zip Code

Lihue

HI

96766

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Lihue Pharmacy Group

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2014

Transaction ID : 2014120215817-116

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ricky G. Gonzalez

Mailing Address 1342 Fair Ave

City

State

Zip Code

San Antonio

TX

78223-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Medical Center Pharmacy

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-137

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ricky G. Gonzalez

Mailing Address 1342 Fair Ave

City

San Antonio

State

TX

Zip Code

78223-1438

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-117

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Robert J. Greenwood

Mailing Address 2104 Kimball Ave

City

Waterloo

State

IA

Zip Code

50702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 2014111095315-138

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert J. Greenwood

Mailing Address 224 Byron Ave

City

Waterloo

State

IA

Zip Code

50702

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenwood Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-119

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John C. Griffin

Mailing Address 13907 High Rd

City

Mabelvale

State

AR

Zip Code

72103-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shannon Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-139

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John C. Griffin

Mailing Address 13907 High Rd

City

Mabelvale

State

AR

Zip Code

72103-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shannon Hills Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-120

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John Groesbeck

Mailing Address 109 E Main St

City

Streator

State

IL

Zip Code

61364-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Streator Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-140

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John Groesbeck

Mailing Address 109 E Main St

City

State

Zip Code

Streator

IL

61364-2924

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Streator Drugs

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-121

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Don Grove Jr.

Mailing Address PO Box 1599

City

State

Zip Code

Warsaw

MO

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

J And D Truecare Pharmacy

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-141

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Don Grove Jr.

Mailing Address PO Box 1599

City

State

Zip Code

Warsaw

MO

65355-1599

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

J And D Truecare Pharmacy

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-122

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Carolyn Ha

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 30 / 2014

Transaction ID : 201411095315-11

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

B. Carolyn Ha

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314-2833

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

441.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2014

Transaction ID : 2014120215817-13

Amount of Each Receipt this Period

21.00

Full Name (Last, First, Middle Initial)

C. Luann Haas

Mailing Address PO Box 248

City

Nauvoo

State

IL

Zip Code

62354-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nauvoo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-142

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

92.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Luann Haas

Mailing Address PO Box 248

City State Zip Code
 Nauvoo IL 62354-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nauvoo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-123

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Larry Halper

Mailing Address 201 City Ave

City State Zip Code
 Merion Station PA 19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 2014111095315-143

Amount of Each Receipt this Period

60.00

Full Name (Last, First, Middle Initial)

c. Larry Halper

Mailing Address 201 City Ave

City State Zip Code
 Merion Station PA 19066-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dakes Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-124

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)..... ►

170.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Amy Hammonds

Mailing Address 101 Main St

City

Broken Bow

State

OK

Zip Code

74728-3973

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sherills Pharmacy And Gifts

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 29 / 2014

Transaction ID : 201411095315-31

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harmison Pharmacies, L.C.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-144

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Joseph H. Harmison

Mailing Address PO Box 152643

City

Arlington

State

TX

Zip Code

76015-8643

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harmison Pharmacies, L.C.

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-125

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

800.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Shane Harrell

Mailing Address PO Box B

City	State	Zip Code
Ilwaco	WA	98624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ilwaco Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-126

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Brad N. Harth

Mailing Address 1134 Washington St

City	State	Zip Code
Tell City	IN	47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smith Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-146

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brad N. Harth

Mailing Address 1134 Washington St

City	State	Zip Code
Tell City	IN	47586-1827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Smith Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-127

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ronna B. Hauser

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-147

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

B. Ronna B. Hauser

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

880.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-128

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

C. Bentley F. Hawley

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-148

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

210.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bentley F. Hawley

Mailing Address PO Box 4474

City

Odessa

State

TX

Zip Code

79760-4474

FEC ID number of contributing
federal political committee.

C

Name of Employer

Evans Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-129

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. H. Edward Heckman

Mailing Address 160 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589-3392

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAS National

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.50

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-149

Amount of Each Receipt this Period

416.65

Full Name (Last, First, Middle Initial)

C. H. Edward Heckman

Mailing Address 160 Business Park Cir

City

Stoughton

State

WI

Zip Code

53589-3392

FEC ID number of contributing
federal political committee.

C

Name of Employer

PAAS National

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.50

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-130

Amount of Each Receipt this Period

416.65

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

883.30

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Andrew K. Heinz

Mailing Address 2713 17th Ave SE

City

Puyallup

State

WA

Zip Code

98372

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-150

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Andrew K. Heinz

Mailing Address 2713 17th Ave SE

City

Puyallup

State

WA

Zip Code

98372

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Washington

Occupation

Pharmacist

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-131

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Kirk Heinz

Mailing Address 11212 Sunrise Blvd E
Ste 204

City

Puyallup

State

WA

Zip Code

98374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kirks Pharmacy At Sunrise

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-151

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kirk Heinz

Mailing Address 11212 Sunrise Blvd E
Ste 204

City State Zip Code
Puyallup WA 98374

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kirks Pharmacy At Sunrise

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-132

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Holly W. Henry

Mailing Address 7317 35th Ave NE

City State Zip Code
Seattle WA 98115-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rxtra Care, Inc.

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-152

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Michael J. Henry

Mailing Address 4831 35th Ave SW

City State Zip Code
Seattle WA 98126-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rxtra Care Pharmacy At the Mount

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-153

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Henry H. Herring Jr.

Mailing Address 912 S16th St

City

Wilmington

State

NC

Zip Code

28401-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-154

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Henry H. Herring Jr.

Mailing Address 912 S16th St

City

Wilmington

State

NC

Zip Code

28401-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Center Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-133

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-155

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Raymond Greg Hickman

Mailing Address PO Box 965

City

Monroe

State

GA

Zip Code

30655-0965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carmichael Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-134

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Katherine R. Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-156

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Katherine R. Hicks

Mailing Address 1020 Richland Ave W

City

Aiken

State

SC

Zip Code

29801-3224

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Mart

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-135

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 76 OF 182
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. H. Stephen Hill

Mailing Address PO Box 428

City	State	Zip Code
Gardendale	AL	35071

FEC ID number of contributing
federal political committee.

C

Name of Employer

J And J Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-32

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. John F. Hinkle Jr.

Mailing Address 261 Locust St

City	State	Zip Code
Columbia	PA	17512-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hinkle's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-157

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John F. Hinkle Jr.

Mailing Address 261 Locust St

City	State	Zip Code
Columbia	PA	17512-1110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hinkle's Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2014

Transaction ID : 2014120215817-136

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

600.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Douglas Douglas Hoey

Mailing Address 1104 Emerald Dr

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-158

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Douglas Douglas Hoey

Mailing Address 1104 Emerald Dr

City

Alexandria

State

VA

Zip Code

22308

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Senior Vice President & Chief Operatin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.26

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-137

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

C. Joanne Hoffman Beechko

Mailing Address 1842 E Jericho Tpke
Unit 1

City

Huntington

State

NY

Zip Code

11743

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rx Express Pharmacy Of East Northport

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-159

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

883.32

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joanne Hoffman Beechko
 Mailing Address 1842 E Jericho Tpke
 Unit 1

City	State	Zip Code
Huntington	NY	11743

FEC ID number of contributing federal political committee.

C

Name of Employer

Rx Express Pharmacy Of East Northport

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-138

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Karen L. Hogue

Mailing Address 76-78 W Market St

City	State	Zip Code
Corning	NY	14830

FEC ID number of contributing federal political committee.

C

Name of Employer

Market Street Apothecary LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-160

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Karen L. Hogue

Mailing Address 76-78 W Market St

City	State	Zip Code
Corning	NY	14830

FEC ID number of contributing federal political committee.

C

Name of Employer

Market Street Apothecary LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-139

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ▶

300.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Edmund R. Horton

Mailing Address 2445 Northwest Loop
Ste A

City State Zip Code
Stephenville TX 76401-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tanglewood Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4166.60

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-161

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Brian M. Hose

Mailing Address 17316 Shepherdstown Pike

City State Zip Code
Sharpsburg MD 21782-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpsburg Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-162

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Brian M. Hose

Mailing Address 17316 Shepherdstown Pike

City State Zip Code
Sharpsburg MD 21782-1626

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharpsburg Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-141

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

616.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Walter M. Hughes Jr.

Mailing Address 216 S Broad St

City
Clinton

State
SC

Zip Code
29325-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sadler-Hughes Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-163

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Walter M. Hughes Jr.

Mailing Address 216 S Broad St

City
Clinton

State
SC

Zip Code
29325-2505

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sadler-Hughes Apothecary

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-142

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ralph B. Hunter

Mailing Address PO Box 797

City
Richlands

State
NC

Zip Code
28574-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Big Value Discount Drug Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-164

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ralph B. Hunter

Mailing Address PO Box 797

City

Richlands

State

NC

Zip Code

28574-0797

FEC ID number of contributing
federal political committee.

C

Name of Employer

Big Value Discount Drug Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-143

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jabir Husain

Mailing Address 1526 Cortelyou Rd

City

Brooklyn

State

NY

Zip Code

11226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenfield Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-144

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Jim Ivie

Mailing Address 149 Crown Hill Rd

City

Excelsior Springs

State

MO

Zip Code

64024-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Browns Prescription Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-166

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jim Ivie

Mailing Address 149 Crown Hill Rd

City

Excelsior Springs

State

MO

Zip Code

64024-1657

FEC ID number of contributing
federal political committee.

C

Name of Employer

Browns Prescription Drug

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-145

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Malcolm Janet

Mailing Address 4300 Rose Dr

Ste D

City

Yorba Linda

State

CA

Zip Code

92886-2128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linda Vista Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-146

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Mark Johnson

Mailing Address 109 S Main St

City State Zip Code
 Colfax WA 99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tick Klock Drugs Llc

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-168

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Mark Johnson

Mailing Address 109 S Main St

City State Zip Code
 Colfax WA 99111-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Tick Klock Drugs Llc

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-147

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Phillip A. Judd

Mailing Address 11715 Rainwood Rd

City State Zip Code
 Little Rock AR 72212-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Drug Store Inc

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-169

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Phillip A. Judd

Mailing Address 11715 Rainwood Rd

City

Little Rock

State

AR

Zip Code

72212-3951

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Drug Store Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-148

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-170

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric T. Juergens

Mailing Address 640 N Fountain Ave

City

Springfield

State

OH

Zip Code

45504-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madison Avenue Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-149

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Dennis Katz

Mailing Address 52 Main St

City

Hopkinton

State

MA

Zip Code

01748-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hopkinton Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-150

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

B. Ira Katz

Mailing Address 78 Gateside PI SE

City

Marietta

State

GA

Zip Code

30067-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Little Five Points Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-172

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Ira Katz

Mailing Address 78 Gateside PI SE

City

Marietta

State

GA

Zip Code

30067-4094

FEC ID number of contributing
federal political committee.

C

Name of Employer

Little Five Points Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-151

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Patricia Keller

Mailing Address 625 W Main St
Ste A

City State Zip Code
Newbern TN 38059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newbern Discount Drug LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-173

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Patricia Keller

Mailing Address 625 W Main St
Ste A

City State Zip Code
Newbern TN 38059

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newbern Discount Drug LLC

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-152

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. E. Harold Kemp

Mailing Address 107 S Duval St

City State Zip Code
Claxton GA 30417-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kemps Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-174

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. E. Harold Kemp

Mailing Address 107 S Duval St

City

Claxton

State

GA

Zip Code

30417-2029

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kemps Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-153

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark E. Kinney

Mailing Address 532 Orchard Way

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent Pharmacy Cooperative

Occupation

Vice President of Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-175

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mark E. Kinney

Mailing Address 532 Orchard Way

City

Louisville

State

CO

Zip Code

80027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Independent Pharmacy Cooperative

Occupation

Vice President of Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-154

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sherwood Klein Jr.

Mailing Address 6133 Route 219 S
 Ste 1004

City State Zip Code
 Ellicottville NY 14731-0368

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Ellicottville Pharmacy Inc

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-176

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Sherwood Klein Jr.

Mailing Address 6133 Route 219 S
 Ste 1004

City State Zip Code
 Ellicottville NY 14731-0368

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Ellicottville Pharmacy Inc

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-155

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. John P. Kollhoff

Mailing Address 407 S Washington St

City State Zip Code
 Junction City KS 66441-3748

FEC ID number of contributing
 federal political committee.

C

Name of Employer
 Kollhoff Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : 201411095315-12

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Karry La Violette

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22302

FEC ID number of contributing federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-46

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Karry La Violette

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22302

FEC ID number of contributing federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-26

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Louis Ladson Jr.

Mailing Address 501 S Lincoln Ave
Ste 10

City State Zip Code
 Clearwater FL 33756

FEC ID number of contributing federal political committee.

C

Name of Employer

Lincourt Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-178

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

125.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Tim G. Larsen

Mailing Address PO Box 5120

City
Yelm

State
WA

Zip Code
98597-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tims Pharmacy And Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-179

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tim G. Larsen

Mailing Address PO Box 5120

City
Yelm

State
WA

Zip Code
98597-5120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tims Pharmacy And Gift Shop

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-157

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. John D. Lassiter

Mailing Address 3252 SE 29th St

City
Del City

State
OK

Zip Code
73115-1606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-180

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John D. Lassiter

Mailing Address 3252 SE 29th St

City State Zip Code
Del City OK 73115-1606

FEC ID number of contributing federal political committee.

C

Name of Employer

Lassiter Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-158

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Patrick F. Lavella

Mailing Address 114 Hardwood Dr

City State Zip Code
Venetia PA 15367

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-181

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Patrick F. Lavella

Mailing Address 114 Hardwood Dr

City State Zip Code
Venetia PA 15367

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-159

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

350.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Jeremy Lawson

Mailing Address PO Box 924

City State Zip Code
Talihina OK 74571-0924

FEC ID number of contributing federal political committee.

C

Name of Employer

Lawson Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-182

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Jeremy Lawson

Mailing Address PO Box 924

City State Zip Code
Talihina OK 74571-0924

FEC ID number of contributing federal political committee.

C

Name of Employer

Lawson Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-160

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Clarence Lea

Mailing Address 6708 Westbury Ct

City State Zip Code
Benbrook TX 76132

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-183

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Clarence Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-161

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Elizabeth Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmeriSourceBergen Corporation

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-184

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Elizabeth Lea

Mailing Address 6708 Westbury Ct

City

Benbrook

State

TX

Zip Code

76132

FEC ID number of contributing
federal political committee.

C

Name of Employer

AmeriSourceBergen Corporation

Occupation

Director

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-162

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sharlea Leatherwood

Mailing Address 4526 N Mulberry Ct

City

Kansas City

State

MO

Zip Code

64116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Great Oak Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-35

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Charles Lebegern

Mailing Address 360 McNealy Cir

City

Perkasie

State

PA

Zip Code

18944-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-185

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Charles Lebegern

Mailing Address 360 McNealy Cir

City

Perkasie

State

PA

Zip Code

18944-4074

FEC ID number of contributing
federal political committee.

C

Name of Employer

Heritage Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-163

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joseph P. Lech

Mailing Address 13 Rockledge Ln

City

Tunkhannock

State

PA

Zip Code

18657-6855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lech's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-186

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City

Finksburg

State

MD

Zip Code

21048-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-187

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Deanna D. Leikach

Mailing Address 2025 Suffolk Rd

City

Finksburg

State

MD

Zip Code

21048-1633

FEC ID number of contributing
federal political committee.

C

Name of Employer

Finksburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-164

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Neil Leikach

Mailing Address 6350 Frederick Rd

City
Baltimore

State
MD

Zip Code
21228-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Catonsville Pharmacy Llc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-188

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul A. Leoni

Mailing Address 734 Montana Ave

City

Santa Monica

State

CA

Zip Code

90403-1404

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pattons Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 04 / 2014

Transaction ID : 2014120215817-21

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. William R. Letendre

Mailing Address 9901 S Wilcrest Dr

City

Houston

State

TX

Zip Code

77099-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCCA

Occupation

VP Phcy Mgmnt Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-47

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. William R. Letendre

Mailing Address 9901 S Wilcrest Dr

City

Houston

State

TX

Zip Code

77099-5132

FEC ID number of contributing
federal political committee.

C

Name of Employer

PCCA

Occupation

VP Phcy Mgmt Services

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-27

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David B. Liebman

Mailing Address 6913 Belair Rd

City

Baltimore

State

MD

Zip Code

21206

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaye's Epic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2014

Transaction ID : 2014111095315-14

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-189

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ron Lind

Mailing Address PO Box 99

City

Freeland

State

WA

Zip Code

98249

FEC ID number of contributing
federal political committee.

C

Name of Employer

Linds' Freeland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-165

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Richard N. Logan Jr.

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-190

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard N. Logan Jr.

Mailing Address 406 S Main St

City

Charleston

State

MO

Zip Code

63834-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

L And S Discount Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-166

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bradley A. Lueneburg

Mailing Address 237 Hassan St SE

City

Hutchinson

State

MN

Zip Code

55350-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-191

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bradley A. Lueneburg

Mailing Address 237 Hassan St SE

City

Hutchinson

State

MN

Zip Code

55350-2524

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Rexall Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-167

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Raymond Macioci

Mailing Address 2941 Westchester Ave

City

Bronx

State

NY

Zip Code

10461-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pilgrim Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-192

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Raymond Macioci

Mailing Address 2941 Westchester Ave

City State Zip Code
Bronx NY 10461-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pilgrim Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-168

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Claire B. Mackiewicz

Mailing Address 19 N Main St

City State Zip Code
Holland NY 14080-9509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-169

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jerid Maddox

Mailing Address 501 Teaco Rd

City State Zip Code
Kennett MO 63857-3721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Teko Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-194

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Robert L. Maher Sr.

Mailing Address PO Box 45

City

Patton

State

PA

Zip Code

16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patton Pharmacy And V And S Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-195

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert L. Maher Sr.

Mailing Address PO Box 45

City

Patton

State

PA

Zip Code

16668-0045

FEC ID number of contributing
federal political committee.

C

Name of Employer

Patton Pharmacy And V And S Variety

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-171

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nasir Mahmood

Mailing Address PO Box 339

City

Pine Plains

State

NY

Zip Code

12567-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pine Plains Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-196

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Nasir Mahmood

Mailing Address PO Box 339

City

Pine Plains

State

NY

Zip Code

12567-0339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pine Plains Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-172

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sunil Mandalapu

Mailing Address 698 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Amsterdam Drug Mart Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-197

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Sunil Mandalapu

Mailing Address 698 Amsterdam Ave

City

New York

State

NY

Zip Code

10025-6309

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Amsterdam Drug Mart Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-173

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael A. Manuszewski

Mailing Address 1728 Grand Island Blvd

City State Zip Code
Grand Island NY 14072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-198

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael A. Manuszewski

Mailing Address 1728 Grand Island Blvd

City State Zip Code
Grand Island NY 14072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Island Pharmacy Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-174

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City State Zip Code
Baltimore MD 21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-199

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Phillip L. Marsiglia

Mailing Address 631 Cherry Hill Rd

City State Zip Code
 Baltimore MD 21225-1228

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Baltimore Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-175

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James L. Martin Sr.

Mailing Address 410 Golf Crest Ln

City State Zip Code
 Lakeway TX 78734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin & Martin Pharmacy Consultants,

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-200

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. James L. Martin Sr.

Mailing Address 410 Golf Crest Ln

City State Zip Code
 Lakeway TX 78734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Martin & Martin Pharmacy Consultants,

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-176

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sonia E. Martinez

Mailing Address 6627 S Dixie Hwy

City State Zip Code
Miami FL 33143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marco Drugs & Compounding

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 30 / 2014

Transaction ID : 201411095315-15

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ronald G. Matthews

Mailing Address 101 Canal St

City State Zip Code
Ellenville NY 12428-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-201

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Ronald G. Matthews

Mailing Address 101 Canal St

City State Zip Code
Ellenville NY 12428-1403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Matthews Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-177

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. William V. Mattson

Mailing Address 2800 N Sheridan Rd

City

Chicago

State

IL

Zip Code

60657-6156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stone Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-202

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. William V. Mattson

Mailing Address 2800 N Sheridan Rd

City

Chicago

State

IL

Zip Code

60657-6156

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stone Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-178

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

c. George M. McAlanis

Mailing Address 242 Market St

City

Millersburg

State

PA

Zip Code

17061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millersburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-203

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. George M. McAlanis

Mailing Address 242 Market St

City

Millersburg

State

PA

Zip Code

17061

FEC ID number of contributing
federal political committee.

C

Name of Employer

Millersburg Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-179

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bruce McAnally

Mailing Address 2535 Eldorado Pkwy

City

Mc Kinney

State

TX

Zip Code

75070-4366

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-204

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kevin McClimon

Mailing Address 115 State St

City

Bellevue

State

IA

Zip Code

52031-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellevue Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-205

Amount of Each Receipt this Period

30.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kevin McClimon

Mailing Address 115 State St

City State Zip Code
 Bellevue IA 52031-1307

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bellevue Pharmacy, Inc.

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-180

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

B. Leigh McConchie

Mailing Address 1 Main St

City State Zip Code
 Lake Luzerne NY 12846

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stone's Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-206

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leigh McConchie

Mailing Address 1 Main St

City State Zip Code
 Lake Luzerne NY 12846

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stone's Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-181

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kathy C. McNeill

Mailing Address PO Box 205

City

Reedsville

State

WV

Zip Code

26547-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-207

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kathy C. McNeill

Mailing Address PO Box 205

City

Reedsville

State

WV

Zip Code

26547-0205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-182

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Warren G. Meador

Mailing Address PO Box 1749

City

Elk City

State

OK

Zip Code

73648-1749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-208

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Cheryl Meek

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City Kingsley State PA Zip Code 18826-9751

FEC ID number of contributing federal political committee.

C

Name of Employer
Lenox Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-209

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Cheryl Meek

Mailing Address 5879 SR 92 Ste 3 Lenox Plaza

City Kingsley State PA Zip Code 18826-9751

FEC ID number of contributing federal political committee.

C

Name of Employer
Lenox Pharmacy Inc

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-183

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Lonnie L. Meredith

Mailing Address 100 S Avenue E

City Haskell State TX Zip Code 79521-0528

FEC ID number of contributing federal political committee.

C

Name of Employer
The Drug Store

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-210

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Lonnie L. Meredith

Mailing Address 100 S Avenue E

City

Haskell

State

TX

Zip Code

79521-0528

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-184

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. John Mezetta

Mailing Address 681 BRdway

City

Massapequa

State

NY

Zip Code

11758-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stuart's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-211

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. John Mezetta

Mailing Address 681 BRdway

City

Massapequa

State

NY

Zip Code

11758-2361

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stuart's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-185

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kerry S. Milano

Mailing Address 3544 W Esplanade Ave

City State Zip Code
 Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Giuffria Inc /Chateau Drugs

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-212

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Kerry S. Milano

Mailing Address 3544 W Esplanade Ave

City State Zip Code
 Metairie LA 70002

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Giuffria Inc /Chateau Drugs

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-186

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Amy Miller

Mailing Address PO Box 436

City State Zip Code
 Lula GA 30554-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lula Pharmacy And Foothills Gift Shop

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-213

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Amy Miller

Mailing Address PO Box 436

City State Zip Code
 Lula GA 30554-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Lula Pharmacy And Foothills Gift Shop

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-187

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. David M. Miller

Mailing Address 678 Wyckoff Ave

City State Zip Code
 Wyckoff NJ 07481-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Miller's of Wyckoff, Inc.

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David M. Miller

Mailing Address 678 Wyckoff Ave

City State Zip Code
 Wyckoff NJ 07481-1430

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Miller's of Wyckoff, Inc.

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-188

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Laird Miller

Mailing Address 4515 Arlington Ct

City State Zip Code
 Gainesville GA 30506

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-215

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Laird Miller

Mailing Address 4515 Arlington Ct

City State Zip Code
 Gainesville GA 30506

FEC ID number of contributing federal political committee.

C

Name of Employer

Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-189

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael W. Minesinger

Mailing Address 311 N Western Ave

City State Zip Code
 Peoria IL 61604-5638

FEC ID number of contributing federal political committee.

C

Name of Employer

Alwan Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-216

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Martin B. Mintz

Mailing Address 6701 Harford Rd

City
Baltimore

State
MD

Zip Code
21234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Pchy And Med Equipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-217

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Martin B. Mintz

Mailing Address 6701 Harford Rd

City
Baltimore

State
MD

Zip Code
21234

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Pchy And Med Equipment

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-191

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Joseph Scott Miskovsky

Mailing Address PO Box A

City
Forest City

State
PA

Zip Code
18421-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Red Cross Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-218

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joseph Scott Miskovsky

Mailing Address PO Box A

City State Zip Code
Forest City PA 18421-0130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Red Cross Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-192

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Hamid Mohaghegh

Mailing Address 100 Grove St
Ste 201

City State Zip Code
Worcester MA 1605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Pharmacy Management Co, Inc.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 21 / 2014

Transaction ID : 2014111095315-16

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Richard B. Moon

Mailing Address 2535 Johns Pl

City State Zip Code
Jamestown NY 14701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacy Innovations

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-219

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Richard B. Moon

Mailing Address 2535 Johns Pl

City

Jamestown

State

NY

Zip Code

14701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pharmacy Innovations

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-193

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Bill D. Moore

Mailing Address 1306 12th Ave NW

City

Ardmore

State

OK

Zip Code

73401-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Roberts Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-220

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bill D. Moore

Mailing Address 1306 12th Ave NW

City

Ardmore

State

OK

Zip Code

73401-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Roberts Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-194

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Clay W. Moore

Mailing Address 11101 Hefner Pointe Dr
 Ste 101

City State Zip Code
 Oklahoma City OK 73120-5054

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Medic Pharmacy Hefner Pointe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-221

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
 Plattsburgh NY 12901-1533

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Condo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 30 2014

Transaction ID : 201411095315-17

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Steven F. Moore

Mailing Address 28 Montcalm Ave

City State Zip Code
 Plattsburgh NY 12901-1533

FEC ID number of contributing
 federal political committee.

C

Name of Employer

Condo Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-196

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. William O. Moore

Mailing Address 101 W Sinton St

Ste B

City

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-223

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. William O. Moore

Mailing Address 101 W Sinton St

Ste B

City

Sinton

State

TX

Zip Code

78387-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moore's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-197

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. William W. Moose Jr.

Mailing Address PO Box 67

City

Mt Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moose Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-224

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. William W. Moose Jr.

Mailing Address PO Box 67

City

Mt Pleasant

State

NC

Zip Code

28124-0067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moose Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-198

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mullins Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-225

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Deann Mullins

Mailing Address 830 Ohio Ave

City

Lynn Haven

State

FL

Zip Code

32444-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mullins Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-199

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Alfonse Muto

Mailing Address 5110 Main St
Ste 101

City State Zip Code
 Williamsville NY 14221-5200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pine Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-37

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. P. Kevin Nestruck

Mailing Address 1151 W Iron Springs Rd
Ste D

City State Zip Code
 Prescott AZ 86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : 201411095315-18

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. P. Kevin Nestruck

Mailing Address 1151 W Iron Springs Rd
Ste D

City State Zip Code
 Prescott AZ 86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : 201411095315-19

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

800.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. P. Kevin Nestruck

Mailing Address 1151 W Iron Springs Rd
Ste D

City State Zip Code
Prescott AZ 86305-1614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Altius Health

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-201

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David E. Nicklas

Mailing Address 1442 N Harrison Ave

City State Zip Code
Shawnee OK 74801-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-227

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David E. Nicklas

Mailing Address 1442 N Harrison Ave

City State Zip Code
Shawnee OK 74801-5208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrison Discount Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-202

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City

West Seneca

State

NY

Zip Code

14224-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-228

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Gregory Notaro

Mailing Address 1769 Orchard Park Rd

City

West Seneca

State

NY

Zip Code

14224-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union Medical Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-203

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Don Novak

Mailing Address 709 Hollybrook Dr

Ste 101

City

Longview

State

TX

Zip Code

75605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Park Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-38

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-229

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Gerard O'Hare

Mailing Address 66 W Pike St

City

Canonsburg

State

PA

Zip Code

15317-1314

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jeffrey's Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-204

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Groveyway Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.25

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-230

Amount of Each Receipt this Period

416.66

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

716.66

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Tony Ogden

Mailing Address 6415 Sands Dr

City

Pasadena

State

TX

Zip Code

77505-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer

Groveland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

4583.25

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-205

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Anthony Ortiz

Mailing Address 8416 Kennedy Blvd

City

North Bergen

State

NJ

Zip Code

7047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlas Drug And Nutrition

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-231

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Anthony Ortiz

Mailing Address 8416 Kennedy Blvd

City

North Bergen

State

NJ

Zip Code

7047

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlas Drug And Nutrition

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-206

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

816.66

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bill E. Osborn

Mailing Address 11 W Central Ave

City	State	Zip Code
Miami	OK	74354

FEC ID number of contributing federal political committee.

C

Name of Employer

Osborn Drugs, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-232

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bill E. Osborn

Mailing Address 11 W Central Ave

City	State	Zip Code
Miami	OK	74354

FEC ID number of contributing federal political committee.

C

Name of Employer

Osborn Drugs, Inc.

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-207

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Scott Pace Esq.

Mailing Address 417 S Victory St

City	State	Zip Code
Little Rock	AR	72201-2932

FEC ID number of contributing federal political committee.

C

Name of Employer

Arkansas Pharmacists Association

Occupation

Associate Executive VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2014

Transaction ID : 201411095315-20

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Paul B. Pagnotta

Mailing Address 360 Delaware Ave

City State Zip Code
Delmar NY 12054-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Corners Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-233

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul B. Pagnotta

Mailing Address 360 Delaware Ave

City State Zip Code
Delmar NY 12054-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Four Corners Pharmacy

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-208

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kari Pastorek

Mailing Address 38 E 12th St

City State Zip Code
Grafton ND 58237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grafton Drug

Occupation
Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-234

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kari Pastorek

Mailing Address 38 E 12th St

City State Zip Code
Grafton ND 58237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grafton Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-209

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jan H. Pattillo

Mailing Address PO Box 112

City State Zip Code
Hamilton TX 76531-0112

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jordan Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-235

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Brian Joseph Petrucci

Mailing Address 313 E 20th St

City State Zip Code
Crane TX 79731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crane Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-237

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Brian Joseph Petrucci

Mailing Address 313 E 20th St

City State Zip Code
Crane TX 79731

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crane Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-211

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven Pfister

Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 2014111095315-238

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Steven Pfister

Mailing Address 100 Daingerfield Rd

City State Zip Code
Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

Sr. VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-212

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Chau Phan

Mailing Address 2404 Smith Ranch Rd
100

City State Zip Code
Pearland TX 77584

FEC ID number of contributing
federal political committee.

C

Name of Employer

Country Place Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 2014120215817-15

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Martin E. Pietruszewski

Mailing Address 2818 Delaware Ave

City State Zip Code
Kenmore NY 14217-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kenmore Rx Center

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-213

Amount of Each Receipt this Period

30.00

Full Name (Last, First, Middle Initial)

C. Larry D. Plunk Jr.

Mailing Address 8455 9th Ave

City State Zip Code
Port Arthur TX 77642

FEC ID number of contributing
federal political committee.

C

Name of Employer

King's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-240

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

230.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Larry D. Plunk Jr.

Mailing Address 8455 9th Ave

City

Port Arthur

State

TX

Zip Code

77642

FEC ID number of contributing
federal political committee.

C

Name of Employer

King's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Peter A. Pogany

Mailing Address 611 Park Ave

City

Plainfield

State

NJ

Zip Code

07060-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rapps Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-241

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Kelly G. Pratt

Mailing Address 1506 S Sunset Ave
Ste A

City

Littlefield

State

TX

Zip Code

79339-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelly G Pratt

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-242

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kelly G. Pratt

Mailing Address 1506 S Sunset Ave
Ste A

City State Zip Code
Littlefield TX 79339-4813

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kelly G Pratt

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-216

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dennis R. Princing

Mailing Address 333 S Michigan Ave

City State Zip Code
Saginaw MI 48602-2024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Princing's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-243

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rissa H. Pryse

Mailing Address 310 E Central Ave

City State Zip Code
La Follette TN 37766-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-244

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Rissa H. Pryse

Mailing Address 310 E Central Ave

City

La Follette

State

TN

Zip Code

37766-3617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Terrys Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-219

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Eric M. Pusey

Mailing Address 514 Burke Byp

City

Olyphant

State

PA

Zip Code

18447

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicap

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-220

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. John Quinlan

Mailing Address 107 N Main St
Ste B

City

Wayland

State

NY

Zip Code

14572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quinlans Ltc Pharmacy And Quinlans Pha

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-246

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John Quinlan

Mailing Address 107 N Main St

Ste B

City

Wayland

State

NY

Zip Code

14572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quinlans Ltc Pharmacy And Quinlans Pha

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-221

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Thomas M. Quinlan

Mailing Address 336 W Main St

City

Montour Falls

State

NY

Zip Code

14865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quinlan's Pharmacy Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-247

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Thomas M. Quinlan

Mailing Address 336 W Main St

City

Montour Falls

State

NY

Zip Code

14865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Quinlan's Pharmacy Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-222

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Stuart Rabinowitz

Mailing Address 194 Beach 116th St

City State Zip Code
 Rockaway Park NY 11694

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-248

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Stuart Rabinowitz

Mailing Address 194 Beach 116th St

City State Zip Code
 Rockaway Park NY 11694

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kings Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-223

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Michael Raduazzo

Mailing Address 5 Northern Blvd

City State Zip Code
 Greenvale NY 11548-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenvale Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-249

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael Raduazzo

Mailing Address 5 Northern Blvd

City

Greenvale

State

NY

Zip Code

11548-1204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenvale Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-224

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-250

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard Rasmuson

Mailing Address 1320 E 200 S

City

Salt Lake City

State

UT

Zip Code

84102-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-225

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-251

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Scott A. Rayl

Mailing Address 114 S Huron Ave

City

Harbor Beach

State

MI

Zip Code

48441-1201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbor Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-226

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Andrew D. Reed

Mailing Address 2108 W 5th St

City

Chanute

State

KS

Zip Code

66720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cardinal Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-252

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Harold K. Reich

Mailing Address 39 W 10th St

City State Zip Code
 Tracy CA 95376-3901

FEC ID number of contributing federal political committee.

C

Name of Employer

Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-253

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Harold K. Reich

Mailing Address 39 W 10th St

City State Zip Code
 Tracy CA 95376-3901

FEC ID number of contributing federal political committee.

C

Name of Employer

Harold K Reichs Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-228

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Levi Rice

Mailing Address 1209 N Main St

City State Zip Code
 Beaver Dam KY 42320-8955

FEC ID number of contributing federal political committee.

C

Name of Employer

Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-254

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Levi Rice

Mailing Address 1209 N Main St

City

Beaver Dam

State

KY

Zip Code

42320-8955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rice Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-229

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Fleet W. Richards Jr.

Mailing Address 932 N Main St

City

Chase City

State

VA

Zip Code

23924-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer

F W Richards Jr Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-255

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Fleet W. Richards Jr.

Mailing Address 932 N Main St

City

Chase City

State

VA

Zip Code

23924-1139

FEC ID number of contributing
federal political committee.

C

Name of Employer

F W Richards Jr Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-230

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gordon Richards Jr.

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-256

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gordon Richards Jr.

Mailing Address 324 E Main St

City

Shawnee

State

OK

Zip Code

74801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Richards Drug, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-231

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kristen Leianne Riddle

Mailing Address 1270 Dons Ln

City

Conway

State

AR

Zip Code

72032-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Compounding

Occupation

Pharmacist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-48

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 141 OF 182
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kristen Leianne Riddle

Mailing Address 1270 Dons Ln

City	State	Zip Code
Conway	AR	72032-2709

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Compounding

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-28

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark S. Riley

Mailing Address 417 S Victory St

City	State	Zip Code
Little Rock	AR	72201-2932

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Pharmacists Association

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 2014111095315-257

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nathan A. Rockers

Mailing Address 2 E Peoria St

City	State	Zip Code
Paola	KS	66071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockers Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 2014111095315-258

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Nathan A. Rockers

Mailing Address 2 E Peoria St

City State Zip Code
 Paola KS 66071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rockers Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-232

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael Rule

Mailing Address 100 Daingerfield Rd

City State Zip Code
 Alexandria VA 22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Assc

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

11 / 14 / 2014

Transaction ID : 2014120215817-9

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. Ivan Saiff

Mailing Address 7401 Lahana Cir

City State Zip Code
 Boynton Beach FL 33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-259

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Ivan Saiff

Mailing Address 7401 Lahana Cir

City

Boynton Beach

State

FL

Zip Code

33437-7172

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saiff Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-233

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City

Cincinnati

State

OH

Zip Code

45223-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schaeper's Northside Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-260

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Rick A. Schaeper

Mailing Address 4187 Hamilton Ave

City

Cincinnati

State

OH

Zip Code

45223-2245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Schaeper's Northside Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-234

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joshua Schipper

Mailing Address 4815 Vernon Blvd

City

Long Island City

State

NY

Zip Code

11101-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vernon Blvd. Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-261

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joshua Schipper

Mailing Address 4815 Vernon Blvd

City

Long Island City

State

NY

Zip Code

11101-5616

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vernon Blvd. Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-235

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Kevin Schweers

Mailing Address 100 Daingerfield Rd

City

Alexandria

State

VA

Zip Code

22314

FEC ID number of contributing
federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-49

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kevin Schweers

Mailing Address 100 Daingerfield Rd

City	State	Zip Code
Alexandria	VA	22314

FEC ID number of contributing federal political committee.

C

Name of Employer

National Community Pharmacists Associa

Occupation

VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-29

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Matthew ScottMailing Address PO Box 211
4057 St Hwy 3/

City	State	Zip Code
Star Lake	NY	13690-0211

FEC ID number of contributing federal political committee.

C

Name of Employer

Adirondack Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-262

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Matthew ScottMailing Address PO Box 211
4057 St Hwy 3/

City	State	Zip Code
Star Lake	NY	13690-0211

FEC ID number of contributing federal political committee.

C

Name of Employer

Adirondack Pharmacy

Occupation

Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-236

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John Warren Seymour

Mailing Address 130 W Main St

City

Orange

State

VA

Zip Code

22960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-263

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. John Warren Seymour

Mailing Address 130 W Main St

City

Orange

State

VA

Zip Code

22960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orange Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-237

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bruce Sharp

Mailing Address 2611 E Thompson Blvd
Ste 103

City

Ventura

State

CA

Zip Code

93003-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-264

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bruce Sharp

Mailing Address 2611 E Thompson Blvd
Ste 103

City State Zip Code
Ventura CA 93003-2743

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Shoppe

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-238

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Joshua R. Sheffield

Mailing Address 3001 S Mansfield Ave

City State Zip Code
Del City OK 73115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comfort Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-265

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Joshua R. Sheffield

Mailing Address 3001 S Mansfield Ave

City State Zip Code
Del City OK 73115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Comfort Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-239

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. John T. Sherrer

Mailing Address 833 Campbell Hill St SE

City State Zip Code
Marietta GA 30060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kenmar Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-40

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tim Short

Mailing Address PO Box 835
2515 Business Dr

City State Zip Code
Cumming GA 30028-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sawnee Drug Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-266

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Tim Short

Mailing Address PO Box 835
2515 Business Dr

City State Zip Code
Cumming GA 30028-4394

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sawnee Drug Co

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-240

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-267

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Darrin W. Silbaugh

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-241

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Troy A. Simons

Mailing Address PO Box 89

City

Perry

State

OK

Zip Code

73077-0089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-268

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Troy A. Simons

Mailing Address PO Box 89

City

Perry

State

OK

Zip Code

73077-0089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-242

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-269

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Mathew P. Slakoper

Mailing Address 701 Bristol Pike

City

Croydon

State

PA

Zip Code

19021-5412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mats Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-243

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Means - Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-270

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. David Smith

Mailing Address 610 E Romie Ln
Ste 1

City

Salinas

State

CA

Zip Code

93901-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer

A And O Clinic Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 30 / 2014

Transaction ID : 201411095315-21

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. David M. Smith

Mailing Address 155 Main St

City

Brookville

State

PA

Zip Code

15825-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Means - Lauf Super Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-244

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-271

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Donald R. Smith

Mailing Address 802 E Medical Ct

City

Post Falls

State

ID

Zip Code

83854-7298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Man West Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-245

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Joe Smith

Mailing Address 32876 Inlet Way

City

Lewes

State

DE

Zip Code

19958

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 21 / 2014

Transaction ID : 201411095315-22

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Randall D. Smith

Mailing Address 460 N Franklin Ave

City State Zip Code
 Colby KS 67701-2326

FEC ID number of contributing federal political committee.

C

Name of Employer

Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-272

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Randall D. Smith

Mailing Address 460 N Franklin Ave

City State Zip Code
 Colby KS 67701-2326

FEC ID number of contributing federal political committee.

C

Name of Employer

Palace Drug Store

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-246

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St

City State Zip Code
 Indiana PA 15701

FEC ID number of contributing federal political committee.

C

Name of Employer

Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-273

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Stephanie C. Smith Cooney

Mailing Address 701 Philadelphia St

City

Indiana

State

PA

Zip Code

15701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Gatti Pharmacy

Occupation

Vice President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-247

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. David Spence

Mailing Address 2301 E Mulberry St

City

Angleton

State

TX

Zip Code

77515-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-275

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David Spence

Mailing Address 2301 E Mulberry St

City

Angleton

State

TX

Zip Code

77515-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medicine Shoppe Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-249

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Sharon Steen

Mailing Address 900 Wilshire Blvd
Ste 104

City State Zip Code
Santa Monica CA 90401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-50

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Sharon Steen

Mailing Address 900 Wilshire Blvd
Ste 104

City State Zip Code
Santa Monica CA 90401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Central Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-30

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Michael L. Stuart

Mailing Address 18565 Business 13

City State Zip Code
Branson West MO 65737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-276

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Michael L. Stuart

Mailing Address 18565 Business 13

City

Branson West

State

MO

Zip Code

65737

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeland Pharmacy

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1650.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-251

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. John G. Sutter

Mailing Address 700 Washington St

City

Horicon

State

WI

Zip Code

53032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-277

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. John G. Sutter

Mailing Address 700 Washington St

City

Horicon

State

WI

Zip Code

53032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marshland Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-253

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Harry Taubman

Mailing Address PO Box 266

City

Reynoldsburg

State

OH

Zip Code

43068

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Drug Store Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-278

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. William Thompson III

Mailing Address 600 E Chestnut Ave

City

Altoona

State

PA

Zip Code

16601-5216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thompson Pharmacy Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 19 / 2014

Transaction ID : 2014120215817-16

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Darryl Tjaden

Mailing Address 1401 N 8th St

City

Vandalia

State

IL

Zip Code

62471

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cains Drug Store, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 20 / 2014

Transaction ID : 201411095315-24

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Virgil F. Todd

Mailing Address 10321 SE 55th St

City State Zip Code
 Oklahoma City OK 73150-4521

FEC ID number of contributing federal political committee.

C

Name of Employer
 North Rock Community Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-279

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Virgil F. Todd

Mailing Address 10321 SE 55th St

City State Zip Code
 Oklahoma City OK 73150-4521

FEC ID number of contributing federal political committee.

C

Name of Employer
 North Rock Community Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 11 20 2014

Transaction ID : 2014120215817-254

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James H. Toomajian

Mailing Address 601 19th St

City State Zip Code
 Watervliet NY 12189-2002

FEC ID number of contributing federal political committee.

C

Name of Employer
 Watervliet Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 10 28 2014

Transaction ID : 201411095315-280

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. James H. Toomajian

Mailing Address 601 19th St

City

Watervliet

State

NY

Zip Code

12189-2002

FEC ID number of contributing
federal political committee.

C

Name of Employer

Watervliet Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-255

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

78029-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10	/	28	/	2014

Transaction ID : 2014111095315-281

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Charles W. Tucker

Mailing Address PO Box 291526

City

Kerrville

State

TX

Zip Code

78029-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Medicine Stop

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-256

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Paul A. Turner

Mailing Address PO Box 700

City

State

Zip Code

Inola

OK

74036-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Inola Drug

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-282

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul A. Turner

Mailing Address PO Box 700

City

State

Zip Code

Inola

OK

74036-0700

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Inola Drug

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-257

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David E. Upchurch

Mailing Address 5108 N Roxboro St

City

State

Zip Code

Durham

NC

27704-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Upchurch Drugs

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 07 / 2014

Transaction ID : 2014120215817-17

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Luke D. Vander Bleek

Mailing Address 124 E Main St

City

Morrison

State

IL

Zip Code

61270-2638

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fitzgerald Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-260

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 2014111095315-284

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Chhagan Vasoya

Mailing Address 752 E Arrow Hwy

City

Pomona

State

CA

Zip Code

91767-2247

FEC ID number of contributing
federal political committee.

C

Name of Employer

Express Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-261

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 OF 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Victor A. Vena

Mailing Address 1322 W State St

City

Olean

State

NY

Zip Code

14760-2036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vic Vena Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-285

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael Vinson

Mailing Address 934 Adams Ave

City

Montgomery

State

AL

Zip Code

36104-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		28		2014

Transaction ID : 201411095315-51

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Michael Vinson

Mailing Address 934 Adams Ave

City

Montgomery

State

AL

Zip Code

36104-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adams Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		20		2014

Transaction ID : 2014120215817-31

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 163 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Scott E. Watts

Mailing Address 9101 Mendenhall Mall Rd

City State Zip Code
Juneau AK 99801

FEC ID number of contributing federal political committee.

C

Name of Employer

Rons Apothecary Shoppe Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-287

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Scott E. Watts

Mailing Address 9101 Mendenhall Mall Rd

City State Zip Code
Juneau AK 99801

FEC ID number of contributing federal political committee.

C

Name of Employer

Rons Apothecary Shoppe Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-263

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Craig Wear

Mailing Address PO Box 305

City State Zip Code
Carthage IL 62321

FEC ID number of contributing federal political committee.

C

Name of Employer

Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-288

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 OF 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Craig Wear

Mailing Address PO Box 305

City	State	Zip Code
Carthage	IL	62321

FEC ID number of contributing federal political committee.

C

Name of Employer

Wear Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-264

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Tony P. Welder

Mailing Address 1314 Bayview Ct

City	State	Zip Code
Bismarck	ND	58504

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-289

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Tony P. Welder

Mailing Address 1314 Bayview Ct

City	State	Zip Code
Bismarck	ND	58504

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-265

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 OF 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Annah Wells

Mailing Address 209-A EMain St

City	State	Zip Code
Benson	NC	27504

FEC ID number of contributing federal political committee.

C

Name of Employer

Warren Drug Company

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-41

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Susan Wells

Mailing Address 215 N Main St

City	State	Zip Code
Bristow	OK	74010-2407

FEC ID number of contributing federal political committee.

C

Name of Employer

Kemp Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : 201411095315-290

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Susan Wells

Mailing Address 215 N Main St

City	State	Zip Code
Bristow	OK	74010-2407

FEC ID number of contributing federal political committee.

C

Name of Employer

Kemp Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	20	/	2014

Transaction ID : 2014120215817-266

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

465.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gregory Wendling

Mailing Address 680 Robert Blvd

City
Slidell

State
LA

Zip Code
70458-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore Discount Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-291

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gregory Wendling

Mailing Address 680 Robert Blvd

City
Slidell

State
LA

Zip Code
70458-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore Discount Pharmacy, Inc.

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-267

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. R. Wayne West

Mailing Address 124 W Renfro St

City
Burleson

State
TX

Zip Code
76028-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer

Best Value West Pharmacy

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-292

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. R. Wayne West

Mailing Address 124 W Renfro St

City State Zip Code
 Burleson TX 76028-4260

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Best Value West Pharmacy

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-268

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Robert Westbrook

Mailing Address 1400 State Route 125

City State Zip Code
 Amelia OH 45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Pill Box

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 2014111095315-293

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Robert Westbrook

Mailing Address 1400 State Route 125

City State Zip Code
 Amelia OH 45102-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Pill Box

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-269

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

150.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 OF 182
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Dirk White

Mailing Address 117 Granite Creek Rd
Ste 201

City State Zip Code
Sitka AK 99835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-294

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Dirk White

Mailing Address 117 Granite Creek Rd
Ste 201

City State Zip Code
Sitka AK 99835

FEC ID number of contributing
federal political committee.

C

Name of Employer

Whites Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-270

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Gary Wientjes

Mailing Address 234 Medical Cir

City State Zip Code
Morehead KY 40351-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Care Pharmacy #6

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-295

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gary Wientjes

Mailing Address 234 Medical Cir

City

Morehead

State

KY

Zip Code

40351-1100

FEC ID number of contributing
federal political committee.

C

Name of Employer

Total Care Pharmacy #6

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-271

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark A. Williams

Mailing Address PO Box 271

10 Williams Bros Dr /

City

Washington

State

IN

Zip Code

47501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Williams Bros Health Care Phcy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 29 / 2014

Transaction ID : 2014111095315-42

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Justin B. Wilson

Mailing Address 1212 S Douglas Blvd

Ste A

City

Midwest City

State

OK

Zip Code

73130-5213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valu-Med Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-272

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Kevin M. Wilson

Mailing Address 116 E Main St

City State Zip Code
 Wallace NC 28466

FEC ID number of contributing federal political committee.

C

Name of Employer

Wilson Family Pharmacies, Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-296

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Kevin M. Wilson

Mailing Address 116 E Main St

City State Zip Code
 Wallace NC 28466

FEC ID number of contributing federal political committee.

C

Name of Employer

Wilson Family Pharmacies, Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-273

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Lonny D. Wilson

Mailing Address PO Box 16430

City State Zip Code
 Oklahoma City OK 73113

FEC ID number of contributing federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-297

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Lonny D. Wilson

Mailing Address PO Box 16430

City State Zip Code
 Oklahoma City OK 73113

FEC ID number of contributing federal political committee.

C

Name of Employer

Pharmacy Providers of Oklahoma, Inc.

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-274

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Terry Wingo

Mailing Address 8 Parade St NW
 Ste 100

City State Zip Code
 Huntsville AL 35806

FEC ID number of contributing federal political committee.

C

Name of Employer

Madison Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-298

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Terry Wingo

Mailing Address 8 Parade St NW
 Ste 100

City State Zip Code
 Huntsville AL 35806

FEC ID number of contributing federal political committee.

C

Name of Employer

Madison Drugs

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-275

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 OF 182

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Lea Wolsoncroft

Mailing Address 1936 Old Orchard Rd

City State Zip Code
 Vestavia AL 35216-2247

FEC ID number of contributing federal political committee.

C

Name of Employer
 KidsMeds Pharmacy

Occupation
 Pediatric Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-299

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Lea Wolsoncroft

Mailing Address 1936 Old Orchard Rd

City State Zip Code
 Vestavia AL 35216-2247

FEC ID number of contributing federal political committee.

C

Name of Employer
 KidsMeds Pharmacy

Occupation
 Pediatric Pharmacist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-276

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Bruce D. Wood

Mailing Address 118 S Vine St

City State Zip Code
 Arthur IL 61911-1334

FEC ID number of contributing federal political committee.

C

Name of Employer
 Dicks Pharmacy

Occupation
 Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-300

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Bruce D. Wood

Mailing Address 118 S Vine St

City

Arthur

State

IL

Zip Code

61911-1334

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dicks Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-277

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. James T. Wood

Mailing Address 3868 Highway 431

City

Roanoke

State

AL

Zip Code

36274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerging Home Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-301

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James T. Wood

Mailing Address 3868 Highway 431

City

Roanoke

State

AL

Zip Code

36274

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerging Home Care Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-278

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Dana L. Woods

Mailing Address 301 W Main St

City

Mountain View

State

AR

Zip Code

72560-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woods Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-302

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Dana L. Woods

Mailing Address 301 W Main St

City

Mountain View

State

AR

Zip Code

72560-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woods Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 20 / 2014

Transaction ID : 2014120215817-279

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Erica Worhatch

Mailing Address PO Box 1209

City

Petersburg

State

AK

Zip Code

99833

FEC ID number of contributing
federal political committee.

C

Name of Employer

Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : 201411095315-303

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 OF 182

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Erica Worhatch

Mailing Address PO Box 1209

City	State	Zip Code
Petersburg	AK	99833

FEC ID number of contributing federal political committee.

C

Name of Employer

Petersburg Rexall Drug Inc

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-280

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ryan Wyssmann

Mailing Address 102 W Noble Ave

City	State	Zip Code
Guthrie	OK	73044

FEC ID number of contributing federal political committee.

C

Name of Employer

Cornwell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : 201411095315-304

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. Ryan Wyssmann

Mailing Address 102 W Noble Ave

City	State	Zip Code
Guthrie	OK	73044

FEC ID number of contributing federal political committee.

C

Name of Employer

Cornwell Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			20			2014			

Transaction ID : 2014120215817-281

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

200.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Joseph Yarmolinsky

Mailing Address 509 Ditmas Ave

City

Brooklyn

State

NY

Zip Code

11218-5001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ditmas Pharmacy Corp

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-305

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rong Tian Yu

Mailing Address 10 37 41st Ave

City

Long Island City

State

NY

Zip Code

11101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Queensbridge Plaza Pharmacy Corp

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

10 / 28 / 2014

Transaction ID : 201411095315-307

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. Rong Tian Yu

Mailing Address 10 37 41st Ave

City

Long Island City

State

NY

Zip Code

11101

FEC ID number of contributing
federal political committee.

C

Name of Employer

Queensbridge Plaza Pharmacy Corp

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 20 / 2014

Transaction ID : 2014120215817-284

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Gil Zuckerman

Mailing Address 6024 5th Ave

City State Zip Code
 Brooklyn NY 11220-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kenby Drugs

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 10 / 28 / 2014

Transaction ID : 201411095315-308

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Gil Zuckerman

Mailing Address 6024 5th Ave

City State Zip Code
 Brooklyn NY 11220-4012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kenby Drugs

Owner/Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 11 / 20 / 2014

Transaction ID : 2014120215817-285

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

100.00

TOTAL This Period (last page this line number only)..... ►

62619.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Cantor for Congress

Mailing Address PO Box 17813

City
Richmond

State
VA

Zip Code
23226-7813

FEC ID number of contributing
federal political committee.

C C00355461

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2125.00

Date of Receipt

10 / **29** / **2014**

Transaction ID : 45059BC4E8065E92090

Amount of Each Receipt this Period

2125.00

Reund of 2014 General Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

/ /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2125.00

2125.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address American Expressway

City State Zip Code
Ft. Lauderdale FL 33337Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 05 / 2014**Transaction ID : V3F70E2D4824195D7556**

Amount of Each Disbursement this Period

77.18

Full Name (Last, First, Middle Initial)

B. TransfirstMailing Address 12202 Airport Way
Suite 100City State Zip Code
Broomfield CO 80021Purpose of Disbursement
Credit Card Fees

001

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 10 / 2014**Transaction ID : V1672F7339167281762A**

Amount of Each Disbursement this Period

747.38

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

824.56

TOTAL This Period (last page this line number only)..... ►

824.56

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 180 OF 182

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Appel for Iowa, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Mailing Address PO Box 702

City	State	Zip Code
Des Moines	IA	50303

Transaction ID : 811CCEB1641589FC4E1Purpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

1500.00

Candidate Name

Staci AppelCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 03

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2014

Mailing Address PO Box 80505

City	State	Zip Code
Baton Rouge	LA	70898

Transaction ID : 18EB4B0A38B24068C4DPurpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

5000.00

Candidate Name

William CassidyCategory/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: LA District:

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Bonnie Watson Coleman for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2014

Mailing Address 180 Upland Avenue

City	State	Zip Code
Ewing	NJ	08638

Transaction ID : 93CB3F617854B1F9887Purpose of Disbursement
2014 General

011

Amount of Each Disbursement this Period

1000.00

Candidate Name

Bonnie Watson ColemanCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 12

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Community Pharmacists Association - PAC

Full Name (Last, First, Middle Initial)

A. Coffman for Congress

Mailing Address 4950 S Yosemite Street F2 #511

City Greenwood Village State CO Zip Code 80111

Purpose of Disbursement
2014 General

Candidate Name

Mike Coffman

Office Sought: ☒ House
☐ Senate
☐ President

State: CO District: 06

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : 36ECB92202EA33EC7B0

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2016 Primary

Candidate Name

Charles E. Grassley

Office Sought: ☐ House
☒ Senate
☐ President

State: IA District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 13 / 2014

Transaction ID : F5A8CFC362658DBFFA5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mike Crapo for US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 83701

Purpose of Disbursement
2016 Primary

Candidate Name

Michael D. Crapo

Office Sought: ☐ House
☒ Senate
☐ President

State: ID District:

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

011

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 13 / 2014

Transaction ID : 98F87D820345713739F

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

18000.00